

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445304	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/18/2017
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NAME OF PROVIDER OR SUPPLIER

WYNDRIDGE HEALTH AND REHAB CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

456 WAYNE AVENUE  
CROSSVILLE, TN 38555

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 07/18/2017. During this Life Safety Survey, Wyndridge Health and Rehabilitation Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.

K 321  
SS=D

The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:  
NFPA 101 Hazardous Areas - Enclosure  
Hazardous Areas - Enclosure  
2012 EXISTING  
Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.  
Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.  
19.3.2.1

Area Automatic Sprinkler  
Separation N/A

K 000

This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid Requirements and Tennessee requirements when necessary. This corrective action plan is submitted as required under the regulations that governing participation in the Medicare/Medicaid programs. It should not be construed as an admission of any alleged findings or conclusions of the state survey agency.

K 321

- What corrective action(s) will be accomplished for those residents found to have been affected:  
  
It was determined that no residents were Adversely affected by this deficiency
- How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken  
  
All residents of the facility have the potential to be affected
- What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur:  
  
Door closures were ordered 7/25/17 and Installed 7/31/17 for rooms 301 and 207

7/31/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ben Brown* Administrator 8-10-17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 321	Continued From page 1 a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the hazardous areas.  The findings included:  Observations on 07/18/2017 at 10:40 AM and 11:00 AM, revealed rooms 207 and 301 were used as storage room and the doors did not self-close within the frame. NFPA 101, 19.3.2.1 (2012 Edition)  Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 07/18/2017.	K 321	4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place  Maintenance Director, Assistant Maintenance Director and/or maintenance Staff will monitor door according to monthly Check list. Results will be reported to QAPI Committee including Administration, Director Of nursing, Assistant Director of Nursing, Medical irector, Pharmacist, Risk Manager, Unit Managers, Director of Respiratory services, Therapy Manager, Dietary Manager Social Services, Maintenance Supervisor, Admissions Environmental services and Activities.		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.	K 353	1. What corrective action(s) will be Accomplished for those residents Found to have been affected:  It was determined that no residents were Adversely affected by this deficiency  2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken  All residents of the facility have the potential to be affected		

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K 353	Continued From page 2 a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.  The findings included:  Observation on 07/18/2017 at 10:19 AM, revealed a rusted sprinkler in the walk-in freezer. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.5 (2012 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)  Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 07/18/2017.	K 353	3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur:  Simplex Grinnell contacted 7/24/17 For a quote to replace rusted sprinkler.  Quote received 8/4/17 and accepted. Sprinkler will be replace by simplex Grinnell when sprinkler arrives. 9/2/17  4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place  Maintenance Director ,Assistant Maintenance Director and/or maintenance staff will monitor sprinkler system on monthly Check list. Directors will present monthly check List to QAPI committee Results will be reported to QAPI Committee including Administration, Director Of nursing, Assistant Director of Nursing, Medical Director, Pharmacist, Risk Manager, Unit Managers, Director of Respiratory services, Therapy Manager, Dietary Manager, Social Services, Maintenance Supervisor, Admissions Environmental services and Activities.		
K 908 SS=D	NFPA 101 Gas and Vacuum Piped Systems - Inspection and  Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This STANDARD is not met as evidenced by:	K 908			

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K 908	<p>Continued From page 3</p> <p>Based on document review, the facility failed to maintain the gas and vacuum piped systems.</p> <p>The findings included:</p> <p>Document review on 07/18/2017 at 11:30 AM, revealed the facility failed to provide documentation for the annual medical gas certification during 2016. NFPA 99, 5.2.14, (2012 Edition) NFPA 99, 5.1.14.2.3.1 (2012 Edition) NFPA 99, 5.1.14.4.4 (2012 Edition)</p> <p>Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 07/18/2017.</p>	K 908	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected:</p> <p>It was determined that no residents were Adversely affected by this deficiency</p> <p>2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken</p> <p>All residents of the facility have the potential to be affected.</p> <p>3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur:</p> <p>Prax Air was contacted on 7/19/17 Documentation from annual inspection Received. Also, information gained regarding Montly, daily, and routine maintenance for medical Vacume pumps (Exhibit G)</p> <p>8/4/17</p>		

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K 908		K 908	<p>4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place</p> <p>Maintenance director, assistant maintenance Director and/or maintenance staff will monitors medical Vacume pumps monthly Results will be reported to QAPI Committee including Administration, Director Of nursing, Assistant Director of Nursing, Medical Director, Pharmacist, Risk Manager, Unit Managers, Director of Respiratory Services, Therapy Manager, Dietary Manager Social Services, Maintenance Supervisor, Admissions Environmental services and Activities.</p>		